

**EPIC Charting Template
For Inhaler Education
To Support Billing CPT 94664**

DATE OF VISIT: @ED@ (auto-fills encounter date of office visit or telephone call)

VISIT TYPE: {office visit, phone call:2100180046} (select office visit or phone call)

DIAGNOSIS: (create drop-down list or enter 'X' to select one)

☐ Asthma

☐ COPD

TREATMENT PLAN: demonstration and/or evaluation of inhaled medication device

GOALS: Patient is able to verbalize and demonstrate appropriate device technique

RATIONALE: (create drop down or enter 'X' to select one)

☐ Review of technique per guidelines

☐ Change in device type

☐ New device type started

☐ Other:

LEARNERS PARTICIPATING TODAY: Patient and {family; members, caregiver:2100080125}→
(mother/father/family member/caregiver/friend/other)

BARRIERS TO LEARNING: {learn barriers:2100020084}→ (none/language/sensory
deficits/physical/cognitive/social/cultural/emotional/motivational/behavioral/other)

PATIENT EDUCATION PLAN: Evaluate current level of understanding medication device technique and rationale for medications.

EDUCATIONAL INTERVENTIONS IMPLEMENTED TODAY: INHALED MEDICATION DEVICES

Patient able to demonstrate and verbalize appropriate technique: {YES (DEF)/NO:23003::"No"}

INHALED MEDICATION DEVICES ASSESSED: (create drop down of device names or enter 'X' to select one)

☐ Metered Dose Inhaler (MDI) with chamber/without chamber (create list or select one)

☐ Breath-actuated: ReditHaler

☐ Dry Powder Inhaler (DPI): Diskus, RespiClick, Digihaler, Flexhaler, Turbuhaler, Wixela, Ellipta, Pressair
(create list or select one)

☐ Soft Mist Inhaler: Respimat

☐ Nebulized Mist Treatments (NMT)

☐ Lonhala NMT

☐ Other:

INSPIRATORY FLOW ASSESSED: {YES (DEF)/NO:23003::"No"} *** L/min (enter results here)

MEDICATION ADHERENCE ASSESSED: {YES (DEF)/NO:23003::"No"} and found to be {Desc;
appropriate/inappropriate:30686::"appropriate"}→ (appropriate/inappropriate/other)

EVALUATION: {achieved, developing, no learning:25960::"knowledge achieved "} → (knowledge achieved/developing knowledge/no learning evident/other)

PLAN: (create drop down or enter 'X' to select one)

☐ Inhaler medication device written instructions provided

☐ Instructed about resources and number to call with ongoing questions.

☐ Other:

Patient understands and is in agreement with plan.

Length of {office visit, phone call:2100180046} in minutes: ***

Length of Contact (total): *** minutes

@MECREDENTIAL@, *** (auto-fills user credentials)

Key:

*** denotes free text, must be entered before closing note

Italicized information includes instructions for users

Highlighted text includes defined smartlist options in EPIC EMR

This template is intended for guidance to help efficiently document inhaler education into a patient's medical record. The template is based on Epic electronic medical record (EMR), but each EMR may vary with regard to documentation and billing requirements, so please consult with your specific institution for further guidance.